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OCT 14 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/361,542
Applicant(s) : Dobrozsi, D.J.
Filed : July 27, 1999
Title : ORAL LIQUID MUCOADHESIVE COMPOSITIONS
TC/A.U. : 1615
Examiner : Channavajjala, L. S.
Conf. No. : 5652
Docket No. : 7247M
Customer No. : 27752

NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

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OCT 17 2005

Dear Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$ 500.00 (35 USC 41.20(b)(1)).

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose.

I am:

☒ [X] authorized to act on behalf of the assignee of record of the entire interest, The Procter & Gamble Company. See 37 CFR 3.71. The assignment was recorded on 09/27/1999 at reel 010265 frame 0288.

10/17/2005 LWONDIM1 00000042 162480 09361542

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Respectfully submitted,

THE PROCTER & GAMBLE COMPANY



Kristin Kohler

Registration No. 41,907
(513) 622-3371Date: October 14, 2005
Customer No. 27752

Procter & Gamble - I.P. Division**IMPORTANT CONFIDENTIALITY NOTICE**

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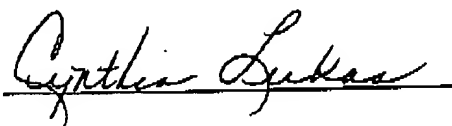
OCT 14 2005

TO: Examiner Lakshmi Sarada Channavajjala - United States Patent and Trademark Office

Fax No. 571-273-8300

Phone No. 571-272-0591

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on October 14, 2005, to the above-identified facsimile number.

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FROM: Cynthia Lukas (Typed or printed name of person signing Certificate)

Fax No. 513-622-3300

Phone No. 513-622-1692

Listed below are the item(s) being submitted
with
this Certificate of Transmission:**

Number of Pages Including this Page: 5

- 1) Fee Transmittal - orig. w/copy
- 2) Appeal Brief - orig. w/copy
- 3)
- 4)
- 5)

Inventor(s): Dobrozsi

S.N.: 09/361,542

Filed: July 27, 1999

Docket No.: 7247M

Comments:

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Kristin Kohler

Registration No. 41,907
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FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004	Complete if Known		RECEIVED CENTRAL FAX CENTER OCT 14 2005
	Application Number	09/361,542	
	Confirmation Number	5652	
	Filing Date	July 27, 1999	
	First Named Inventor	Douglas J. Dobrozsi	
	Examiner Name	Lakshmi Sarada Channavajjala	
	Art Unit	1615	
TOTAL AMOUNT OF PAYMENT (\$500)		Attorney Docket No.	7247M

METHOD OF PAYMENT	FEE CALCULATION (continued)																														
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company	5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other:	<input type="checkbox"/>
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4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater. For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$) <input type="checkbox"/>		Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>	SUBTOTAL (5) (\$) [500]														
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kristin Kohler	Registration No.	41,907
Signature	<i>Kristin Kohler</i>	Telephone	(513) 622-3371
		Date	10/14/05

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT write on this form.